

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-031869

STATE FILE NUMBER

Register **FILED SEP 5 1962** Primary Registration District No. **5816** Registrar's No. **54**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 **0710**
2 **0710a**
3
4 **0**
5 **1**
6
7 **0**
8 **2**
9420.1
10
11
12 **90.2**
13 **2-0**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Florence		c. CITY OR TOWN Florence	
Length of stay in 1b 12 years		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Florence		d. STREET ADDRESS (If outside, give location) None	
3. NAME OF DECEASED (Type or print) First GROVER Middle C. Last MARQUESS		4. DATE OF DEATH Month August Day 29 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Windsor, Missouri
13a. FATHER'S NAME Jasper Marquess		13b. MOTHER'S MAIDEN NAME Minnie Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Cora Marquess, Florence, Mo.		14. NAME OF HUSBAND OR WIFE Cora May Wall Marquess	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis with Occlusion & Angina DUE TO (b) Arteriosclerosis Coronary Artery & General Arteriosclerosis. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Repeated Cerebral hemorrhages			INTERVAL BETWEEN ONSET AND DEATH 10 hours many years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION 1959 Aug. 29, 1962		COUNTY Aug. 29, 1962 STATE Aug. 29, 1962	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 1:46 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Otterville, Mo.	
22c. DATE SIGNED 8-29-62		22d. LOCATION (City, town, or county) Florence, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 31, 1962	
23c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery		23d. LOCATION (City, town, or county) Sedalia, Mo.	
24. FUNERAL DIRECTOR D.W. Heckart, Gillespie Funeral Home		25. DATE RECD. BY LOCAL REG. 9-1-62	
26. REGISTRAR'S SIGNATURE [Signature]		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John R. Tamm

Licensed Embalmer No. 5175

P. O. Address Adalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.